

 CHC Hilltop Medical Clinic

 1202 Martin Luther King Jr. Way

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April 28, 2017

Re: \* (\*) \*

DOB:

To Whom it May Concern:

I am a provider licensed to practice medicine in the state of Washington. \* is a patient in my practice. He has a long history of persistent gender dysphoria and has been evaluated for the capacity to provide informed consent. He has been taking testosterone continuously for more than one year. He has no significant uncontrolled medical or mental health conditions. I recommend him for gender affirming hysterectomy.

Sincerely,

Provider name, credentials

License #